

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000099

STATE FILE NUMBER

TE
B

AMENDED

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 1

FILED JAN 10 1962

1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)

Vandalia

Length of stay in lb

Min

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Vandalia Heet Gas Co
Hiway 54 West

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Audrain

c. CITY

OR

TOWN

Laddonia Prairie, Mo.

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

RFD #2 10 mi N. of Laddonia

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

GAIL

CAREY

TONCRAY

4. DATE
OF
DEATH

January 2, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-10-95

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Crops

11. BIRTHPLACE (City and state or country)

Canton, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

W. S. Toncray

13b. MOTHER'S MAIDEN NAME

Della Carey

14. NAME OF HUSBAND OR WIFE

Esther B. Toncray

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. G. C. Toncray, Laddonia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Coronary arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 5 - 1952 to Jan 2 - 62 and last saw him alive on Jan 1 - 62
Death occurred at 3:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

Jan 5, 1962

East Lawn Memorial Pk

Mexico, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Arnold Funeral Home, Mexico, Mo.

Jan 8 1962

Walter Fugate

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

MAY 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard G. McDonald

Licensed Embalmer No. 4825

P. O. Address Maple

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.